1 Manifest 0 State Department of Health Services See reverse side for Instructions. HAZARDOUS MATERIALS MANAGEMENT SECTION Please type or print clearly. Press Hard. 744 P Street, Sacramento, CA 95814 GENERATOR (Generator Must Complete) (4) Alternate TSD Facility Designated TSD Facility (Authorized to operate under an approved state program or federal program) SFUND RECORDS CTR ALUMINUM COMPANY OF AMERICA 999000374 OPERATING INDUSTRIES BKK CO. (2) Name Name EPA NO. EPA NO. EPA NO. Address 900 N. POTRERO GRANDE DR. ALCOA AVE Phone No. 58-6141 Address 2210 AZUSA AVENUE VERNON CA 90058 MONTEREY PARK, CA City, State, Zip K WEST COVINA. CA City, State, Zip City, State, Zip UN/NA WEIGHT OR U.S. DOT PROPER SHIPPING NAME HAZARD CLASS **CONTAINERS NUMBER:** TYPE: DRUMS BAGS CARTONS WASTE TANK TRUCK DUMP TRUCK WASTE (8) GENERATING PROCESS __ALIMINUM_FABRICATION (7) EX. HAZ. WASTE PERMIT NO. (6) WASTE CATEGORY _ . CONC. RANGE LIST COMPONENTS HMITE UNITS □ % □ ppm. □ % □ p % [] ppm. □ % □ p □ % □ p □ % □ ppm. Non Hazardous Material ☐ Toxic ☐ Flammable ☐ Corrosive/Irritant Reactive Carcinogen/Mutagen DI Other ALUMINUM OXIDES & WATER PHYSICAL STATE: ☐ Solid (X Liquid K) Sludge ☐ Slurry ☐ Gas (12) SPECIAL HANDLING INSTRUCTIONS: ☐ Gloves Respirator ☐ Goggles GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according the applicable regulations of the Department of Transportation and EPA. IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802 Signature of Authorized Agent and Title **TRANSPORTER** (HAULER MUST COMPLETE) ASBURY OIL CO. (15) PICK-UP DATE 5-3 (14) NAME CAD028277036 EPA NO. 13419 Halldale Avenue ___PHONE NO. (213) 321-1392 Gardena, California 90249 CITY, STATE, ZIP. **TSD FACILITY** (FACILITY-OPERATOR MUST COMPLETE) 18 QUANTITY (If Measured). HANDLING OR DISPOSAL METHOD: EPA NO. 1 Surface Impoundment Landfill PHONE NO. [] Injection Well [] Land Treatment ☐ Treatment (Specify) SHIPMENT Recovery or Reuse ☐ Storage/Transfer IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: (22) NAME EPA NO. Signature of Authorized Agent and Tit Date Accepted

TO TRANSPORT

CALIFORNIA HAZARDOUS WASTE MANIFEST